

VITAL SIGNS

VOL II No. 1 Naval Regional Medical Center, Orlando, Florida

1 October 1979

NEW BLDG. ON COURSE TO BEING SHIPSHAPE!

By LT Robert E. Elster, MSC, USN
Medical Construction Liaison Officer

Despite the delay that Hurricane David caused the general contractor, work on our new building is going well. The majority of the exterior of the facility is complete, with only a few windows and some finishing touches on brickwork remaining. Some of the parking lots are now paved and one of

the big, yellow, front-end loaders is busily engaged in grading the ground at the front of the building preparatory to sodding that area. Those of you who are particularly tall might even have seen some of the solar collection panels being installed on the clinic area roof --

those large, wooden, crates around the building are more of the same solar panels. So with all this activity, when do we move in? The last time I wrote for "Vital Signs," the answer was an equivocal "I don't know." This time I can report a little more surely. Our best estimate now is a move-in time of late spring of 1980, probably May or June. In the next article, I'll discuss some of the considerations inherent in establishing the move-in date and how we'll actually make the move. For the remainder of this report, however, I want to discuss a few of the new systems that will be installed in our new building.



With a multi-story building, you would expect elevators for people, right? We'll have four of those, but also three more automatic elevators for supplies and food and linen. One elevator will carry clean supplies from the first floor CSR to the Operating Suite or Delivery Suite

on the second floor; the other two units will carry clean supplies, linen and food from CSR to all floors and return soiled supplies and food carts to the decontamination area in CSR.

Another system is collectively known as the medical gases system. This is a collection of

large gas tanks, a liquid oxygen tank, pumps, compressors, tubing, and outlets which will make selected gases as close as the wall in patient care areas. Depending on the area being served, any or all of the following gases may be available: oxygen, compressed air at 50 lbs., compressed air at 80 lbs., medical vacuum, nitrous oxide, nitrogen, and dental vacuum. In practical terms, this means the end of the long walks down ramps and corridors dragging those heavy and awkward O₂ tanks. The LOX tank and cylinder tanks of other gases will be located in the small brick enclosure in the parking

(continued on page 4)

SEPTEMBER PERSONNEL INSPECTION**Noted for excellence:**

LCDR C. CARLTON
LCDR B. GUY
LT R. ELSTER
LT S. CONDIE

HMC J. EDGMON
HMC R. EDMONDSON
HM1 J. HARMON
HM2 D. FORD
HM2 A. FERGUSON
HM2 J. FAUSSET
HM3 J. DARNELL
HM3 C. BOCKRAND
HN G. BESSING
HM3 S. ALFIERI

WHOOOIZZIT??

DO YOU KNOW THIS STAFF MEMBER??
(Answer on Page 8)

VITAL SIGNS STAFF

Editor:
HMCM(SS) R. C. Clements, USN
Managing Editor:
Mary V. Van den Heuvel
CDR N. J. Stewart, NC, USN
HM1 J. D. Campbell, USN
HM2 S. P. Foster, USN
HN E. Kehoe, USN

\$ \$ \$ \$ \$
COMPTROLLER NOTES \$ \$

**DO YOU THINK YOU HAVE A PROBLEM WITH
A MONTHLY ELECTRIC BILL?????**

You are probably tired of listening to the pleadings to conserve on electricity in your work area and probably you have expended more effort to conserve at home than at work. Receiving the monthly bill at home is ample motivation toward the conserving of electricity. But what about the bill at the Medical Center? In 1973 we used enough kilowatt hours to run up a bill of \$83,000. In 1979 we are using about the same amount of electricity but it will cost \$178,000! Staggering? You bet! So how about doing your share and really helping us to conserve and lower the electric bill!

**"IT" WAS A FIRST AT
FAMILY PRACTICE
BRANCH CLINIC!
"IT" WAS --
MELISSA!**



Melissa, daughter of MSSN Jim and Kathy Anderson, (Galley #3) arrived in such a hurry she became a party to a historical event - the first baby to be born at the Branch Clinic! The Andersons left home en route to the Medical Center, but 7 lb, 7 oz, Melissa couldn't wait. LT Robert H. Beaty, MC, USNR, was on hand for the delivery. Kathy, by the way, is CAPT Zimble's patient.

Melissa makes it a four generation family on Kathy's side: Melissa, Kathy, Kathy's mother, Arnita Berry, and Kathy's grandmother, Farisa Everman.

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN
Editor: HMCM(SS) R. C. CLEMENTS, USN

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RAMP

PAGE



By HN Eileen Kehoe, USN

What are you going to do with your 7% pay raise?

Jean Devanny, Admin Services: The cost of living has already done it!



Marlene Lopez, NRMCA Annex: My husband is in the military so together we will get 14%. I think really and truly what we will do with it, will be to save it..... if we can. As soon as the military gets a raise, the price goes up on everything! I have seen this happen for the last 19 years.



HM1 B. Nachimson, Patient Affairs: Pay my higher taxes!



HM3 H. T. Frank, NRMCA Annex (Optometry): Put it right in the bank.



HM2 M. Snyder, Human Resources: I am probably going to be giving it right back! Between my wife's cost of living increase and mine, we are being pushed up into a higher tax bracket.



Jim Matthews, NRMCA Annex: I think it is great getting 7% as compared to the 5.5% we got last year -- but we are not really getting a raise. When we got the 5.5% raise, inflation was running 8% leaving us about 2.5% behind. This year, inflation is 13% -- so we are even further behind. But, I have to admit, the 7% will help. Every little bit helps!



HM3 M. C. Tinney, NRMCA Annex (Recruit Sick Call): Use it to compensate for the 13% inflation rate.



HN S. J. Wakefield, Preventive Medicine: Buy a stamp and send Congress a nasty letter. The stamp will cost a little more than the pay raise they are going to give us so I will probably have to take a little out of my regular pay check to get it.

NEW BUILDING

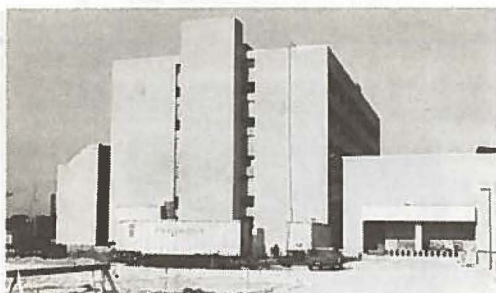


Main Entrance - South side

(Continued from page 1)

lot by the Medical Support Logistics Building; the compressors and the vacuum pumps are already in position in the Boiler-Generator building. The pressures and conditions of the gas systems will be centrally monitored, and local alarms at points of use will alert the staff to low pressure.

The last system to describe is the EMCS (Energy Monitoring and Control System), a highly, sophisticated computer-driven system designated to operate the building's mechanical and electrical systems without the normal intervention of maintenance personnel. The system will be programmed to shut down air conditioning to areas which will be unoccupied



East end - Loading Docks



Ambulance Entrance - Northwest side



Clinic Area - West side



Solar Panels on Clinic Area roof

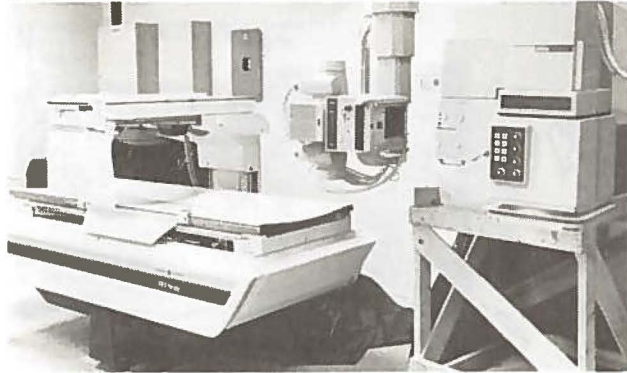


Northeast side

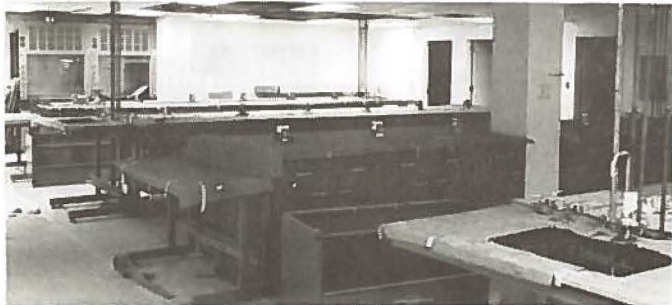
Photos by Ken Bumpus

SHAPING UP!

overnight or on week-ends; it will then adjust the demand on the central air conditioning units and turn on only those units which most efficiently support the building demand. The central computer unit will also be capable of keeping all our records of preventive maintenance on all machinery in the hospital, from the big chiller units and large fan motors down to the thermostats in the offices. The records we now keep by hand on Medical Repair's preventive maintenance programs can also be added. Although few of us, working in the hospital, will ever see the EMCS or directly experience its actions, it is expected that this system will enable us to run the new building efficiently and comfortably and yet use a minimum of people to run and repair the system.



One of the X-ray rooms



Laboratory



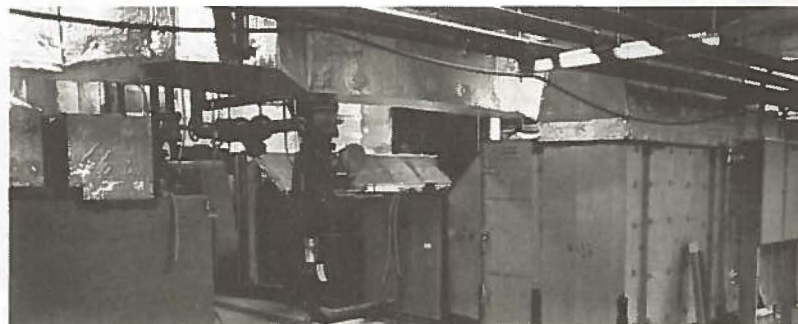
Emergency Room check-in desk



Nuclear Medicine Section



A typical clinic check-in desk



One of the Air Handling Units - 3rd floor

Photos by Ken Bumpus

ZIMBLE'S 1979



The Skipper gets fed.... this time!



I see... I see!



umm good, umm good....



.....and the beat goes on.



♪ the party's over... ♪



A "cute" minor care person!



It pays to advertise!



Send US the bill!

FALL FOLLIES!



rare - medium - well sung to the tune of
"Smoke gets in your eyes!"



United we stand



guys and dolls!



hams ... not on the menu!



Cheese!



Mom Porter and her kids!



Easy Rider



Over 500 staff members attended the 1979 Zimble's Fall Follies to make it the most successful staff-get-together in years! There are many, many, people to thank for their tremendous efforts exerted to make this fun-filled, action-packed picnic the success it was. We don't have enough space to mention them all, but we certainly must acknowledge the marvelous music by "The Flagship" - from the U.S. Navy Band, and the hard working staff from Food Service headed by LT Manley: HM3 Strickland, HM3 Kuchan, Arthur Bailey, Francis Reilly, Albert Larrivee, Ulysses Hood, and William Taylor.

CFC Drive Starts

1 October

The Combined Federal Campaign Fund Drive will kick off 1 October. All staff members are encouraged to donate their fair share portion for the fund drive.

LCDR Larry Johnson, MC, Family Practice Service, has been appointed as the chairman of the Combined Federal Campaign Fund Drive for NRM Orlando. Lcdr Johnson will appoint key members to solicit contributions from all staff members. Further details of campaign activities will be published when available. All staff members are encouraged to participate.

NRM Orlando's goal - \$17,000.



HMCS Templeton Assumes Duties of Admin Asst to DAS



Effective 24 September, HMCS David Templeton, USN, relieved HMCM(SS) Robert C. Clements, USN, as the Administrative Assistant to the Director, Administrative Services. Senior Chief Templeton reported aboard for duty 17 August 1979 for his second tour at this command. He served as the Leading Chief Petty Officer in the Pharmacy, Naval Hospital, Orlando, from 1970 to 1973. Prior to reporting here, Senior Chief Templeton served at the Naval Weapons Center, China Lake, CA.

INTRODUCING THE **"GREEN STAR SISTERS" CHEERING SQUAD!**



Front, left to right: Lora Sparks, Selinda Dally, Alethia Wright. Back: Emily Brewer, Cathy Moody, Shelia Jackson. Not pictured: Wanda Anthony, Candie Mulligan, and Pam Hill.

Take: One, super-charged Hospital Football Team.....

Add: The "Green Star Sisters" Cheering Squad.....

Result: Football Fever!

Cure: Come out and spend an exciting evening, watching, cheering and encouraging our team as they play in the Commander's Cup Touch Football League!!

The gals, resplendent in their colorful green and white uniforms, are working on their cheers to LEAD YOU and INSPIRE OUR TEAM.

NURSING**SERVICE**

By CDR N. J. Stewart, MC, USN

"The person who makes no mistakes does not usually make anything."

Edward Phelps

In my time as a supervisor, I've had many occasions to talk with and counsel folks who have made errors requiring incident reports. When an error occurs, a curb must be put on the natural tendency to look for a scapegoat. The person making the error has usually already put themselves down unmercifully. Some mistakes can't be repaired so instead of blaming yourself or others, accept the incident and use it as an occasion for careful examination of everyone's work habits. Many people can benefit from the error.

People who stand still may avoid hurting themselves but they don't make much progress. The more a person does, the more mistakes they are apt to make. No one likes to make mistakes..... anyone worth their salt wants to avoid errors. People are not bad or inferior because they made a mistake; rarely are they made on purpose.

When errors do occur, don't chalk yourself up to a complete loss -- stay off that pity pot. Just remember you are human and to err is human. When we do very human things, we should not punish ourselves but accept our humanness. We should use the occasion to learn something from it that will sharpen our judgement the next time. Mistakes are painful, but can also be very instructive.

We should gear all our energy toward finding out how and why the error happened and how it can be prevented in the future. There will be no energy left for blaming.

"An error doesn't become a mistake until you refuse to correct it."

Orlando Battista

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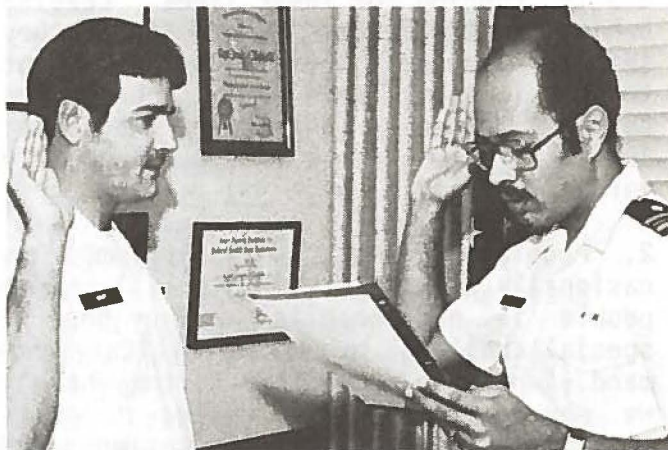
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"Sometimes we may learn more from a person's errors than from their virtues."

Henry Wadsworth Longfellow

"To err is human, but when the eraser wears out ahead of the pencil, you're overdoing it."

Josh Jenkins

HM1 T. R. Groff Reenlists

LCDR R. E. Baez, Jr., MC, USN, administers the reenlistment oath to HM1 Terry R. Groff, USN, Operating Management Service. Petty Officer Groff reenlisted under the Guard III program with guaranteed duty with First Marine Brigade, Kaneohe, Hawaii. Petty Officer Groff will be transferred 18 October.

**FEDERAL WOMEN'S PROGRAM**

By Carolyn Smith, NRMCS FWPM

CAPTAIN'S CALL - 16 OCTOBER - 1330 - ON WARD 17. The success of this meeting depends on YOU! SUBMIT QUESTIONS - ATTEND - TAKE PART! This program is presented ESPECIALLY FOR YOU!!!!

The Tri-Command Federal Women's Program, held on 13 September was an informative session on vocational areas and courses open to women. Representatives from three local colleges were the guest speakers.



Chaplain's Comments

By LCDR W. E. Tumblin, CHC, USN

WHAT DO YOU DO WITH

1. People nobody wants? By foot and by boat thousands of Laotians, Cambodians, and Vietnamese are fleeing genocide, literally running for their lives. Leaving behind their meager possessions, they seek to save only their lives. Many put to sea in tiny boats, only to be turned back out to sea in overcrowded Malaysia. But will they have a future in which to pursue life?

2. People who are aged and infirm? Occasionally we see seriously ill, older people in our hospital. They pose a special challenge to us as a military command. "What kind of future do they have?" we may ask ourselves. Coming to grips with their hopes, fears, limitations, and disabilities is easy to avoid. One leading theologian, Dr. Seward Hilner of Princeton Theological Seminary, says that "the tendency to deny, evade, or otherwise fail to take seriously the confrontation of the aging process..... is either first or second on the list of 'repressed' but vital concerns in our present culture."

3. The teaching of Jesus? Matthew 25:35 records the response of the Heavenly Father to those who stand to possess the Kingdom of Heaven: "I was hungry and you fed me, thirsty and you gave me a drink; I was a stranger and you received me in your homes, naked and you clothed me; I was sick and you took care of me, in prison and you visited me." (TEV). But the rub comes five verses later. "I tell you, whenever you did this for one of the least important of these brothers of mine, you did it for me!"



LAB LINE

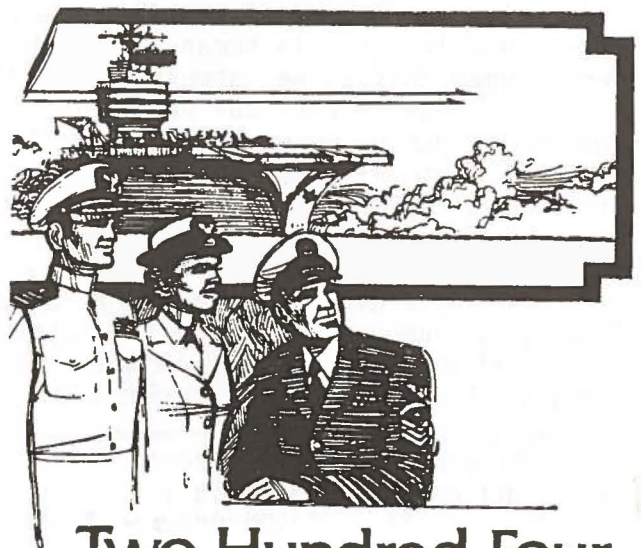
By LCDR J. D. Cotelingam, MC, USNR

TIME FRAME ON SPECIMEN TEST RESULTS

The central objective of a service laboratory is to receive, interpret and report on specimens, in a rapid, accurate and precise manner. To ensure this objective, numerous variables interact. These include a choice of the most meaningful test procedure, specimen quality, accurate timing, use of the optimum container and additive, legible handwriting, signature on chits, and pertinent clinical information. Moreover, your quality control of appropriate requisitioning in the STAT, ASAP, RUSH and ROUTINE time frames is valuable. While STAT requests take precedence over all other ongoing tests, ASAP's are reported usually within the hour. Conversion of routine requests to a STAT or ASAP status for convenience or administrative reasons, defeats the system, and both impairs and delays service in other critical areas. Your cooperation will certainly do much to help us help you and the patient.

NAVY BIRTHDAY

13 October 1979



**Two Hundred Four
Years of Service**



Master Shipwreck

HMCM(SS) R. C. Clements, USN

COMMUNICATIONS

It is an everyday occurrence that someone complains that they do not get the word. Communicating to a large staff or group of people who are geographically separated, is inherently one of management's most difficult problems.

Whether communicating orally, in writing or on a public address system, the receiver of communication only hears or reads information that is of interest to him or can be of some value to him. The success of the person transmitting communications is gauged on how well the receiver accepts and stores the information. Be a good listener and reader.

Here, at NRMC, there are various means of communicating information to the staff: public address system, radio communications, beeper transmitting system, Plan of the day, instructions and notices, memorandums, and presentations at various staff conferences and meetings. Every staff member is requested to read and listen at every opportunity. When information received is not clear, questions or explanations should be requested to insure that the information is fully comprehended. "The only stupid/dumb question is the question that is not asked."

Chiefs of service, supervisors, and enlisted advisors are asked to transmit information to personnel under their cognizance after attending meetings or receiving written directives; however, the bottom line on communicating information in the Navy has been, and will be, through the scuttlebutt lines. So talk to your shipmates.

We're Sorry You're Leaving!

LT D. Jones to NRMC Philadelphia
HM1 T. Groff to 1st Marine Brigade,
Kaneohe, HI
HM3 J. Fadden on separation leave
HM3 M. Milburn to civilian life
HM3 C. Gil to civilian life
HM3 C. Bockrand to civilian life
HM3 J. Leggett to NavSta Keflavik
HM2 A. Ferguson to 1st MarDiv,
Camp Pendleton

We're Glad You're Here!

CDR R. Gold, MC, fm NNMC Bethesda
LCDR P. Martel, MC, fm NNMC Bethesda
LT S. Pollard, NC, fm NRMC Memphis
LT W. Miller, NC, fm NavHosp Rota
LCDR L. Scheve, NC, fm USNA Annapolis
ENS R. Haas, NC, fm NETC Newport
LTJG S. Gerlach, NC, fm NNMC Bethesda
LT C. Bolet, MC, fm NNMC Bethesda
LCDR J. Sutphin, MC, fm NRMC SDIEGO
LT S. McMullen, NC, fm University of
South Carolina
LT G. Oswald, NC, fm NRMC Portsmouth
LT B. Fieldman, MSC, fm NRMC Long Beach
LT G. Noss, NC, fm NRMC Camp Lejeune
LT R. J. Russ, NC, fm NavSta Keflavik

HMCS D. Templeton fm China Lake, CA
HMCS H. Malenofski fm USS OKLAHOMA CITY
HM3 K. Poirier fm NSHS SDIEGO
HM3 J. Thompson fm NSHS Portsmouth
HM3 M. Peterson fm NSHS SDIEGO
HM3 J. Kuchan fm TPU, GLAKES
HR M. Dinardo fm HCS GLAKES
HN N. Mayhew fm NRMC Annapolis
HN L. Sparks fm HCS GLAKES
HM3 D. Richardson fm 2nd MarDiv,
Camp Lejeune
HR A. McCray fm NSHS SDIEGO

HAPPY NEW YEAR, !



FISCAL YEAR 1980





ASK THE SKIPPER



By CAPT J. A. Zimble, MC, USN

Q: Will we ever move out of these buildings which are just about falling apart and into the new hospital?

(Signed) Impatient

A: Dear Impatient:

Your question is most appropriate for this issue of Vital Signs. I admit I share your impatience. The answer is, "Yes, and soon!" As you are probably aware, the original date for beneficial occupancy of the replacement facility was March 1979, a date which has come and gone! The article in this edition of Vital Signs should give you an adequate update of present progress towards our shared goal of the grand opening of a modern medical center and attendant to that function, the presentation of our present edifices to the National Historical Landmarks Society.

I would like to offer one note of caution, however. Although medical care delivery is certainly enhanced by sophisticated buildings and equipment, it is the dedicated efforts of the medical care providers that makes for its quality. That fact is readily corroborated by the excellent care our patients receive in these World War II remnants.

Please don't forget that behind and beneath the maze of electronic cables, the array of strategically placed tubes, and the profusion of mechanized devices, there lies a flesh and blood patient who requires in addition to state-of-the-art technology, the human art of demonstrating concern, the art of attending to your patient.

As a member of the NRMHC staff, you are a medical professional. No matter what your role on the medical team, you must recognize that your attitude toward a patient, family, and friends represents part of the treatment. When you communi-

cate your genuine desire to help, your sincere sympathy, and your willingness to provide comfort, you have enhanced your patient's ability to respond positively to therapy.

The loss of a patient's human dignity occasioned by illness, by IV's, respirators, catheters, and bed pans, and by the myriad daily discomforts ranging from unpalatable diets to intractable pain can be markedly compensated by your empathy. It is not enough, however, that you want to help; you must show the patient that you want to help.

You have a commitment to providing care. Your evidence of concern toward your patient's well-being may be the first step toward making him well. Your satisfaction in achieving that objective may keep you well.

CRA BIRTHDAY GREETINGS TO: Emily Pirtle and James Wilson on 4 Oct; William Giba on 6 Oct; George Walton on 8 Oct; Linda Andersohn and Catherine Davidson on 10 Oct; Joyce Hawkins on 12 Oct; Harriette Cutrell on 13 Oct; Beacher Skeens on 16 Oct; Margaret Castrianni on 17 Oct; Lois Ziglar on 19 Oct; Mary Davis on 20 Oct; Jane McCrea on 21 Oct; Robert Waldron and Jerome Walker on 22 Oct; Richard McGuire, James McIntyre, and Minnie Tyron on 27 Oct; and Patricia Horn on 28 Oct.

WHOOOIZZIT?



It's Joe Callender, Supervisor of the Inhalation Therapy Branch of Anesthesiology Service. Joe served with the U.S. Navy as a Hospital Corpsman at Naval Hospital, Orlando, from 1971 to 1974. After release from active duty, he worked as the Head of Inhalation Therapy Department at the Good Hope Hospital at Irwin, NC. He returned to NRMHC Orlando, as a civil service employee in February 1975. Joe is single and hails from Indianapolis, Indiana.